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12 OCT 15 PM 5: 42

REPORT OF RECEIPTS **AND DISBURSEMENTS**

FORM 3	M 3 For An Authorized Committee		Office Use Only	
1. NAME OF COMMITTEE (i	TYPE OR PRIN	Example: If typing, type over the lines.	Ĩ2ĔĘĂMŽ	
Election F	and of Tom Ke	α,		
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ADDRESS (number a	and street)	2, 225		
Check if of than previous reported.	ously I Co loral	X ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[6,7 ₀	
	ICATION NUMBER ▼	CITY A	STATE	ZIP CODE A STATE ▼ DISTRICT
	110365	3. IS THIS NEW REPORT (N) OR	AMENDED (A)	[1,1]
(a) Quarterly April July 1	EPORT (Choose One) Reports: 15 Quarterly Report (Q1) 15 Quarterly Report (Q2) Der 15 Quarterly Report (Q3) Dary 31 Year-End Report (YE) Ination Report (TER)	(b) 12-Day PRE-Election Report for the Primary (12P) Convention (12C) Election on General (30G) Election on	General (12G) Special (12S)	in the State of Special (30S) in the State of St
5. Covering Perio	nd ÖÄ'Öi	through	g ′ 30 ′ Ž,ŏ	ŽŽŽ
-	•	to the best of my knowledge and belief it is	s true, correct and comp	lete.
Type or Print Name Signature of Treasu	7	ald Gravino	Date Date	
NOTE: Submission	of false, erroneous, or incomp	elete information may subject the person signi	ng this Report to the pena	Ities of 2 U.S.C. §437g.
Office Use Only				C FORM 3 evised 02/2003)